

**KENTUCKY TRANSITIONS**  
**MEMBER RIGHTS AND RESPONSIBILITIES**

**Statement of Rights of *Kentucky Transitions* Participants**

1. To live as independently, actively and fully as desired.
2. To have personal information treated confidentially.
3. To be treated in a courteous and respectful manner and to be free from mental, physical, and financial abuse.
4. To live safely in a healthy environment.
5. To be dealt with in a manner that recognizes your individuality and that responds to your needs and preferences. This includes preferences based on ethnic, spiritual, linguistic, familial, and cultural factors.
6. To have information about community services provided to you and to choose the manner in which the services will be provided.
7. To participate in the assessment of your requirements, development of your transition plan, review of your requirements, evaluation and revision of your transition plan.
8. To give or refuse consent to the provision of any community service.
9. To raise concerns or recommend changes in connection with the community services provided to you and in connection with policies and decisions that affect your interests, to your service provider, government officials or any other person, without fear of interference, coercion, discrimination or reprisal.
10. To know of any changes to the *Kentucky Transitions* Program in a timely manner.
11. To appeal denials or reductions in services through the state hearing process.
12. To remain in the facility or to return to a facility.

## **Statement of Responsibilities of *Kentucky Transitions* Participants**

1. To know about your rights, and to understand what each right means and how it applies to you.
2. To make your needs and expectations known.
3. To give your consent only when you understand fully what you are agreeing to.
4. To be honest and respectful toward the people who provide your services.
5. To participate in planning and reviewing your services.
6. To let your service provider know if you are having problems with your service or if you feel that your rights are not being respected.
7. To provide true and complete information to any person associated with *Kentucky Transitions*, specific to the assessment process, transition planning, and implementation and ongoing care, through an authorized plan of care.
8. To ask questions or request the information in an alternative format to ensure full understanding of the process and information being presented.
9. To follow the plan of care and rules governing the programs and services you are enrolled in.
10. To notify your primary care medical provider of any health or medical changes or concerns, in a timely manner.
11. To know and review your Back-Up Plan, in the event of need, to ensure service is not interrupted, and to notify the appropriate personnel when the need to implement the Back Up Plan occurred.